

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	70250	1-10-00
O.I.P.E. CLASSIFIER		40	1/20/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		60250	2-7

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/10/00
2	✓	✓	1/10/00
3	✓	✓	1/10/00
4	✓	✓	1/10/00
5	✓	✓	1/10/00
6	✓	✓	1/10/00
7	✓	✓	1/10/00
8	✓	✓	1/10/00
9	✓	✓	1/10/00
10	✓	✓	1/10/00
11	✓	✓	1/10/00
12	✓	✓	1/10/00
13	✓	✓	1/10/00
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If more than 150 claims or 10 actions  
 staple additional sheet here

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